

# Health and Environmental Testing Laboratory

221 State Street, SHS 12  
Augusta, Maine 04333

telephone:207-287-2727 / fax:207-287-8925 / web:maine.gov/dhhs/etl



Maine Department of Health and Human Services

## Maine CDC

Maine Center for Disease Control and Prevention

<b>Submitter Name, Address/Phone</b>  <div style="border: 1px solid black; border-radius: 10px; height: 80px; display: flex; align-items: center; justify-content: center;">                 Please Place Label/Stamp Here             </div>	<b>Hospital/Lab ID#</b>	<b>Submitter Fax Number</b>
	<b>Physician Name</b>	<b>Physician Practice/Affiliation</b>

<b>Patient Name</b>			<b>Gender</b>	<b>Specimen Type/Source</b>
<b>Last</b>	<b>First</b>	<b>M.I.</b>	M   F	<b>Specimen Collection Date</b>
Please Use Label if available			<b>Date of Birth</b>	
			/   /	

**Below required for Blood Lead, Reportable Diseases, or MaineCare Primary Insurance**

<b>Patient Street Address</b>	<b>Apt. #</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
<b>Race</b>	<b>Ethnicity</b>	<b>MaineCare #</b> (if primary) (Please include copy of MaineCare card)	<b>Parent/Guardian Name:</b>		<b>Parent/Guardian Phone Number:</b>
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> <b>Code 1</b> Blood Lead (if applicable)	Blood Lead		Blood Lead

Please see reverse of this form for information on specimen type, storage and shipping conditions.  
Specimens MUST be labeled with patient name and Date of Birth.

### BACTERIOLOGY

- Chlamydia/Gonorrhea (amplified probe)
- Bordetella pertussis*
- Campylobacter* Identification
- E. coli* Identification/serotyping
- Enteric pathogen screen  
(*Salmonella*, *Shigella*, *Campylobacter*)
- Neisseria gonorrhoeae* confirmation
- Neisseria meningitidis* grouping
- Salmonella* Identification/serotyping
- Shiga Toxin Test
- Shigella* Identification/serotyping
- Vibrio* Identification
- Yersinia* Identification
- Reference Culture, Identification  
Organism Suspected:

Please attach previous test results

### BLOOD LEAD

- Blood Lead, Venous
- Blood Lead, Capillary
- Check if Symptomatic or Repeat Test

### SEROLOGY

- Arbovirus IgM Panel (West Nile, EEE, SLE, Powassan)  
(requires MECDC surveillance form)
- Cryptococcus Antigen
- Anti-Hepatitis B surface antigen; IgG
- Hepatitis C IgG
- HIV-1/HIV-2 screen (serum)
- HIV-1/HIV-2 screen (oral fluid)
- Mumps IgG
- Rubella IgG
- Rubeola IgG
- RPR syphilis screen
- Syphilis serum confirmation
- Syphilis spinal fluid VDRL
- Varicella zoster IgG

### MYCOBACTERIOLOGY

- Acid fast smear/culture
- Acid fast smear
- MTD Amplified Probe (smear Positive only)
- Reference Culture, Identification

### MYCOLOGY

- Mycology, Clinical Specimens
- Reference Culture, Identification

### VIROLOGY

- Influenza A/B RT-PCR
- Mumps RT-PCR
- Norovirus RT-PCR
- Varicella/Herpes zoster PCR
- Herpes Simplex (HSV 1/2) PCR
- Viral Culture reflex for PCR test selected above (see reverse)
- Viral Culture, Routine (10 days)
- add CMV (21 days)

Other tests/  
Additional Information:

Maine CDC  
Outbreak Investigation ID# :

Investigator :

For questions about a disease outbreak or notifiable conditions, please call

## Maine CDC- Disease Reporting

### HOW TO REPORT:

**TELEPHONE:**      *OR*      **FAX:**  
**1-800-821-5821**      **1-800-293-7534**  
**(24 hours a day)**      **(24 hours a day)**

#### Influenza A/H5 Testing

Consult with Infectious Disease Epidemiology – Maine CDC  
**1-800-821-5821**

*As soon as a suspect/possible case has been identified*

- For direction on whether a patient should be tested
- For infection control measures
- For information on current sampling guidelines and specimen transport
- For immediate coordination with laboratory

For a full test catalog, specific specimen collection instructions, test kit order forms, arboviral surveillance forms and an electronic version of this requisition form, please visit:  
[www.maine.gov/dhhs/etl/micro](http://www.maine.gov/dhhs/etl/micro)

#### Reportable Diseases Requiring Submission to HETL:

*Bordetella pertussis*  
*Clostridium botulinum*  
*Clostridium tetani*  
*Corynebacterium diphtheria*  
*Escherichia coli* O157:H7  
*Escherichia coli* – shiga toxin producing – all serotypes  
*Francisella* species  
*Haemophilus influenzae*, invasive  
*Legionella* species  
*Listeria* species  
*Mycobacterium* species (TB complex only)  
*Neisseria meningitidis*  
 Novel Influenza  
*Salmonella* species, including *S. typhi*  
*Shigella* species  
*Vibrio* species  
*Yersinia pestis*

For a full list of Notifiable Conditions, please visit:  
[http://www.maine.gov/dhhs/boh/ddc/disease\\_reporting.htm](http://www.maine.gov/dhhs/boh/ddc/disease_reporting.htm)

#### Category 1 Diseases that are possible indicators of bioterrorism:

Anthrax  
 Botulism  
 Brucellosis  
 Gram positive rod septicemia or meningitis, growth within 72 hours  
 Outbreaks of unusual disease or illness  
 Plague  
 Q fever  
 Ricin Poisoning  
 Smallpox  
 Staphylococcal enterotoxin B pulmonary poisoning  
 Tularemia  
 Venezuelan equine encephalitis

#### Specimen types, storage and shipping conditions:

- General test kits are available from HETL for Virology, Serology and Mycobacteriology.
- Specific test kits are available for **Blood Lead, *B. pertussis* (culture and/or PCR), HIV oral fluid and Chlamydia/Gonorrhea amplified probe testing.**
- Test kits include sampling materials and instructions as well as packing materials and shipping containers for couriers or US Mail. To order test kits please call 207-287-2727 or fax order to 207-287-6832

#### MYCOLOGY

- Submit clinical specimens (hair, nail clippings, tissue, body fluids) in sterile containers

#### VIROLOGY

- Collect specimens promptly (within 1-3 days of onset ideally)
- Use polyester/dacron swabs and viral transport medium
- Urine or stool specimens should be sent in sterile, leak proof containers.
- **Store specimens at refrigerator temp. and ship on frozen gel packs**
- Do not freeze specimens, Do not ship on dry ice
- Specific instructions for specimen collection available at [www.maine.gov/dhhs/etl/micro](http://www.maine.gov/dhhs/etl/micro)
- Viral Culture Reflex Test for PCR: if selected PCR test is negative, routine culture will be ordered to detect other viruses

#### SEROLOGY

- Blood should be collected without anticoagulants or preservatives
- 5ml for an adult or 3ml for pediatric patients is sufficient volume
- Do not freeze blood specimens
- It is best to physically separate serum from the blood clot within 24 hours
- HIV confirmation is automatically ordered for HIV+ screens

#### MYCOBACTERIOLOGY

- 5ml is the recommended minimum sample volume for AFB recovery
- Respiratory specimens and other body fluids - collect in sterile container
- Bone marrow and blood - collect in heparin (green top) tube
- Tissue biopsy and bone - collect in sterile container with 1-2ml dH<sub>2</sub>O or saline
- Urine – collect first morning in sterile container shipped on ice

#### BACTERIOLOGY

- Chlamydia/Gonorrhea amplified probe test: urine and swab specimens from both male and female patients are acceptable. GenProbe collection tubes are **REQUIRED** for this test (available from HETL – call 207-287-2727)
- *B. pertussis* PCR and culture sampling instructions available at [www.maine.gov/dhhs/etl/micro](http://www.maine.gov/dhhs/etl/micro)
- Shiga toxin positive broths should be sent for confirmation and serotyping
- Isolates sent for identification should include prior lab results

#### BLOOD LEAD

- Minimum of 300ul whole blood
- Heparin (green top) or EDTA (purple top) tubes are acceptable
- Sodium Citrate (light blue top) is **NOT** acceptable
- Capillary specimens with high levels will require venous confirmation